



To avoid delays in processing your order, complete this form in its entirety and fax to 901-821-6206 or email to pave.ncsc@usps.gov. For additional program information, please contact the BMA Certification Department at 800-331-5746 extension 4470.

11 Customer Information						
Attention Name:						
Firm/Company Name:						
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #:					Apt/Suite #:	
City:			State:	ZIP+4® Code:		
Program Contact:				Area Code & Phone Number:		
Email Address:				Fax Number:		
Technical Contact:				Area Code & Phone Number:		
Email Address:				Fax Number:		
Web Address (URL):						
2 Program/Software Information				'		
Software Name:		Version Number:				
Is this software PAVE™ Certified?:			Is your software marketed?			
☐ Yes ☐ No			☐ Yes ☐ No			
Zone Chart Source:			Zone Chart Data Effective Date:			
☐ USPS® Zone Chart Matrix ☐ Other:						
I do hereby certify that we are a USPS Nationa ment by our software identified above.	I Zone Chart Matrix subscrib	per and that t	this Zone Cha	rt Matrix is used to de	termine zone assign-	
Signature Date						
Does your software generate a mail.dat	t file?: Yes N	lo				
Version of mail.dat file used:		<del></del>				
Options Supported  ☐ Periodicals—In—county Rates ☐ USPS Qualification Report	Postage Statement Facsimiles Supported  PS Form 3541, Periodicals One Issue or One Edition PS Form 3541-A, Periodicals - Condensed - One Issue or One Edition PS Form 3541-M, Periodicals All Issues in a Calendar Month					
☐ PS Form 3541-X, Periodicals Co-Palletization Experiment						